



IFC

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/810,203
		Filing Date	March 26, 2004
		First Named Inventor	Ho Yong Kang
		Art Unit	2613
		Examiner Name	Kim, David S
Total Number of Pages in This Submission	13	Attorney Docket Number	2013P160

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> return postcard
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	6/6/07

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Linda Metz		
Signature		Date	6-6-07

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 10/12/2006.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



# FEET TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known	
Application Number	10/810,203
Filing Date	March 26, 2004
First Named Inventor	Ho Yong Kang
Examiner Name	Kim, David S
Art Unit	2613
Attorney Docket No.	2013P160

## METHOD OF PAYMENT (check all that apply)

- Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Credit any overpayments  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee   | <input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged. |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application. |   |

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	11	20** = 0	X 25.00 = \$0.00	
Independent Claims	1	3** = 0	X 100.00 = \$0.00	
Multiple Dependent				

Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 350	2203 180	Multiple Dependent claim, if not paid	
1204 750	2204 395	**Reissue independent claims over original patent	
1205	2205	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	0.00

\*\*or number previously paid, if greater. For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity      Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	
1051 130	2051 65	Surcharge - late filing fee or oath	
	2052	Surcharge - late provisional filing fee or cover sheet.	
2053	2053	Non-English specification	
1251	2251	Extension for reply within first month	
1252	2252	Extension for reply within second month	
1253	2253	Extension for reply within third month	
1254	2254	Extension for reply within fourth month	
1255	2255	Extension for reply within fifth month	
1401	2401	Notice of Appeal	
1402	2402	Filing a brief in support of an appeal	
1403	2403	Request for oral hearing	
1451	2451	Petition to institute a public use proceeding	
1460	2460	Petitions to the Commissioner	
1807	1807	Processing fee under 37 CFR 1.17(q)	
1806	1806	Submission of Information Disclosure Stmt	
1809	1809	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify)

SUBTOTAL (2)

Fee Paid

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone	(310) 207-3800
Signature			(\$)	Date	6/3/07